Approved For Release 2000/05/03 : CIA-RDP64-00360R000400120025-8

Standard Form No. 1034—Revised
Form prescribed by
Comptroller General, U.S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

D. O. Vou. No. _____

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

Bu. Vou. No. _____

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., *Payee's Account No.* _____

To _____
(Payee)

_____
(Address) (City) (State)

PAID BY

SAPC 10270
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Costs				44,634	03

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total $ 44,634 03

I certify that the above bill is correct and just and that payment has not been received.

STATINTL (Sign original only)

Date 10-18-56 *Payee _____ (required when a like certificate is made by payee on attached bill or bills)

Per [redacted] Title Controller

(Payee must NOT use this space)

Differences _____

Amount verified; correct for 44634 03

(Signature or initials) _____

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for $ [redacted]

By [redacted] SIGN ORIGINAL ONLY

Title APPROVING OFFICER NOV 9 1956

†

[redacted] 10/30/56
(Certifying Officer)

Title [redacted] 10/31/56

Date CONTRACTING OFFICER

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL STATINTL STATINTL

Paid by { Check No. _____ dated _____, 19____, for $_____ } on Treasurer of the United States in favor of payee named above.
{ Cash, $_____, on _____, 19____. Payee _____ (Sign original only) }

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation's name, as well as the capacity in which he signs, must be given. For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for $_____", and over his official title.

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Title _____

16—22900-4

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Standard Form No. 1035a—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)

Public Voucher for Purchases and Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE (Department, bureau, or establishment) Sheet No. 1 of Bureau Voucher No. 456

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Contract A101 - System IV					
		Direct Costs Properly Chargeable to Contract A101 for the period 10-1-56 thru 10-7-56					
		Labor Week Ending October 7, 1956 Adjustments: Ref. - JV 096901 1,109.00 JV 096903 106.80				STATINTL [redacted]	
STATINTL		Overhead computed for Communications Division at interim rate of [redacted]					
STATINTL		Other Costs - per schedule attached				1,511 98✓	
		Total Labor, Overhead and Other Costs				[redacted]	
STATINTL		G & A expense computed at interim rate of [redacted]					
		Total Costs				$ 44,634 03✓	

STATINTL

U. S. GOVERNMENT PRINTING OFFICE 16—62665-3

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- ☐ CHARGE DISTRIBUTION CLEARING LIST
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- ☐ SUMMARY DIRECT POSTING JOURNAL
- ☐ SUMMARY INDIRECT POSTING JOURNAL FOR OPERATING DIVISIONS

ACCOUN

☐ SUMMARY INDIRECT POS FOR NON-OPERATING DI

COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER
MAJ	INT	SUB	MO	DAY	YR			
25	20	20	10	01	6	517	F/R MACH	S 29757
25	20	20	10	01	6	535	TRANSCO	S 28846
25	20	20	10	05	6	605	LIECO	S 29680
25	20	30	10	01	6	519	GERARD MET	S 29630
25	20	30	10	03	6	564	PETTY CASH	U

FORM NO. 1421 THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES

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☐ CONSOLIDATED DISTRIBUTION REPORT
☐ ADJUSTMENTS
☒

10/7/56 DATE — 1 PAGE

REPORT NO.

RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION ACCOUNT	M.J.O.	S. O.	WORK ORDER	DISTRIBUTION AMOUNT
1	5	12700	5024	12		95504
						95504 -
						95504 *
						95504 * -
2	5	12700	5024	13		122634
1	5	12700	5024	13		79220
						130554 -
1	5	12700	5024	13		10890
						10890 -
						141444 *
						141444 * -
	5	12700	5024	16		2550
						2550 -
						2550 *
						2550 * -
						$ 1511 98

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